

Disposition of Reasonable Accommodation Request

1. REQUESTER'S NAME Lauren Pierce		2. ORGANIZATION CODE ISS	3. NARA DECISION MAKER William Fumey
4. DATE OF REQUEST 06/13/2017	5. REQUEST <input checked="" type="checkbox"/> GRANTED (Complete #'s 6, 7, & 8) <input checked="" type="checkbox"/> MODIFIED (Complete #'s 6, 7, & 8) <input checked="" type="checkbox"/> DENIED (Complete #'s 6, 7, 9 & 10)		6. DATE REQUEST GRANTED, MODIFIED, OR DENIED Updated on 12/19/17
7. TYPE(S) OF REASONABLE ACCOMMODATION REQUESTED 1.) Immediately implement Telework as a Reasonable Accommodation for resuming work outside of any building which is associated with my serious illness described in my medical documentation. 2.) Test the NARA A2 office building for all of the allergens that I am found to be allergic to from Allergist Report(s) and provide to me via e-Mail the Test Results, including any follow-up Recommendations or Activities. 3.) Test the NARA A1 office building for all of the allergens that I am found to be allergic to from the Allergist Report(s) to see if it is free from all of the allergens, whereby it could serve as Reasonable Accommodations for In-Office status one (1) day each work week. 4.) Amend current work schedule Reasonable Accommodation for In-Office status to one (1) day each work week in the A1 office building, only if it is found to be allergens (as per #3 above) free with the remaining days of each work week as Telework days.			
8. TYPE OF REASONABLE ACCOMMODATION GRANTED AND/OR MODIFIED #2 Granted - Tests of the A2 Office building have been conducted and show the building to be free of allergens. Employee's original office space and new office space that was provided were tested and found to be free of allergens. A HEPA Air Purification device was installed in the employees new office space as an additional preventative measure. A professional wash down of the employees office space for dust was performed as an additional preventative measure.			
9. REASON FOR DENIAL: (more than one box may be checked) <input checked="" type="checkbox"/> Accommodation ineffective <input type="checkbox"/> Accommodation would cause undue hardship <input type="checkbox"/> Medical documentation inadequate <input type="checkbox"/> Accommodation would require removal of an essential function <input type="checkbox"/> Accommodation would require lowering of performance or production standard <input type="checkbox"/> Other (Please identify) _____			

10. DETAILED REASON(S) FOR THE DENIAL (*Must be specific, e.g., why accommodation is ineffective or causes undue hardship*)

Note: If the individual wishes to request reconsideration of this decision, file an EEO complaint or union grievance, he or she should refer to the procedures outlined in NARA 303, Processing Reasonable Accommodation Requests for Employees and Applicants with Disabilities.

Reasonable accommodations that were granted have been put in place. After the air filter was installed and cube was washed down, Ms. Pierce returned to work on 10/16/17 but left for the hospital a few hours later. She indicated that she was having an allergic reaction, the cause of which is unknown.

Send a copy of completed form to: Requester

-Return completed form to: NEEQ, Disability Program Manager (DPM)-